

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FTO-875)

SERIAL NO.

101539999

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	1					
5		1				
6	1					
7	1					
8		1				
9		1				
10		1				
11	1					
12	1					
13	1					
14	1					
15		2				
16		2				
17		1				
18	1					
19	1					
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49						
50						
TOTAL IND.	13					
TOTAL DEP.	70					
TOTAL CLAIMS	83					

FTO-875 (REV. 11/84)

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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